



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

Form Must Be Typed Form must be Signed All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33168 Name: Woolsey Operating Company, LLC Address 1: 125 N MARKET STE 1000 Address 2: City: WICHITA State: KS Zip: 67202 + 1729 Contact Person: DEAN PATTISSON Phone: (316) 267-4379 CONTRACTOR: License # 33132 Name: Dan D Drilling Wellsite Geologist: BILL KLAVER Purchaser: PLAINS MARKETING / ATLAS PIPELINE

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SIOW [] Gas [] D&A [] ENHR [] SIGW [X] OG [] GSW [] Temp. Abd. [] CM (Coal Bed Methane) [] Cathodic [] Other (Core, Expl., etc.):

If Workover/Re-entry: Old Well Info as follows: Operator: Well Name:

Original Comp. Date: Original Total Depth: [] Deepening [] Re-perf. [] Conv. to ENHR [] Conv. to SWD [] Conv. to GSW [] Plug Back: Plug Back Total Depth [] Commingled Permit #: [] Dual Completion Permit #: [] SWD Permit #: [] ENHR Permit #: [] GSW Permit #:

06/06/2012 07/24/2012 07/31/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-007-23894-01-00 Spot Description: NW NE NE NW Sec. 23 Twp. 34 S. R. 11 [] East [X] West 0 Feet from [X] North [] South Line of Section 2140 Feet from [] East [X] West Line of Section Footages Calculated from Nearest Outside Section Corner: [] NE [X] NW [] SE [] SW County: Barber Lease Name: MILLER GU D Well #: 2 H Field Name: MAYBERRY NORTH Producing Formation: MISSISSIPPIAN Elevation: Ground: 1379 Kelly Bushing: 1396 Total Depth: 8620 Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: 312 Feet Multiple Stage Cementing Collar Used? [] Yes [X] No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: 4800 ppm Fluid volume: 2500 bbls Dewatering method used: Hauled to Disposal Location of fluid disposal if hauled offsite: Operator Name: WOOLSEY OPERATING COMPANY LLC Lease Name: SCHOOLEY License #: 33168 Quarter SW Sec. 4 Twp. 35 S. R. 11 [] East [X] West County: BARBER Permit #: 30644

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

[X] Letter of Confidentiality Received Date: 10/04/2012 [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [X] I [] II [] III Approved by: NAOMI JAMES Date: 10/05/2012